

# TRAVEL

DELAYED / MISSED DEPARTURE  
CANCELLATION OF SERVICE  
CLAIM FORM

Branch/Broker/TII:  Policy No:

## GENERAL DETAILS

Name & Surname of Claimant:

Address:

Email Address:

ID Card No:

Tel No:  Mob No:

Occupation:

Name of Employer:

**Note: Should a claim involve various claimants, please complete the information hereunder for each claimant.**

Name	ID Card / Passport Number	Tel / Mob Number	Occupation
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any other policies in force with GasanMamo Insurance Ltd?

Yes

No

If **yes**, please give details.

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Scheduled Departure Date:

/

/

Scheduled Arrival Date:

/

/

Is there any other insurance in force which also covers your loss /expense? (E.g. Credit cards - Gold, Advance, Skypass, Platinum, Premier, Amex, La Vallette Club; Home; All Risks; Personal Accident; Health; Travel.)

Yes

No

If **yes**, please state

Insurance Company:

Type of Policy / Card:

Policy Number:

Have you ever claimed under a travel insurance policy in the past?

Yes

No

If **yes**, please give details of previous claims.

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Countries visited:

Purpose of journey:

Holiday

Business

Social Work

Study

Medical

Other:

**Please complete the applicable section from the following:**

**Section A** - Delayed Departure

**Section B** - Missed Departure

**Section C** - Cancellation of Service

## SECTION A: DELAYED DEPARTURE

1. Please state reason for travel delay.

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Date & time of original scheduled departure:            /            /            :            am/pm

Date & time of re-scheduled departure:            /            /            :            am/pm

**SECTION B: MISSED DEPARTURE**

1. Please state reason for missed departure.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date & time of missed departure:            /            /            :            am/pm

Date & time of actual departure:            /            /            :            am/pm

2. Please state the amount you paid for extra accommodation and travel costs (net of any refund on the unused ticket).

List of Expenses
Travel Costs
_____
_____
Accommodation
_____
_____

Amount being Claimed (EUR)
_____
_____
_____
_____

**SECTION C: CANCELLATION OF SERVICE**

1. Please state the reason for the cancellation of service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## BANK DETAILS

Kindly complete your bank details below if you would like to receive payment of your claim directly into your bank account. We can only make SEPA payments.

### Account holder details:

Name:

I.D. / Passport No:

Address:

Email Address:

Mobile Number:

### Bank Account details:

Name of Bank:

Country:

IBAN Number:

## DATA PROTECTION NOTICE

GasamMamo Insurance Limited having company registration number C3143 and registered office at Head Office, Msida Road, Gzira, Malta, is the data controller of personal data held about you and/or other individuals to be covered under a policy. Within the context of this notice, "GasamMamo" means GasamMamo Insurance Limited and/or any of its affiliates, subsidiaries or associated entities.

The data that you provide to us, including sensitive data, will be used for the administration of quotations and policies, insurance underwriting, for handling and settling claims, for management information and for the prevention and detection of fraud and other crimes.

We may collect information about other individuals, such as your family members including minors, whom you propose to insure or insure with us. Yours and other individuals' information may be collected and disclosed from/to associated companies, intermediaries, re-insurers and other entities for the conduct of insurance purposes and for our legitimate interest such as:

- checks against publicly available information (like court judgements, or court orders) for assessing your application or at renewal or when issuing an endorsement. Similar checks may be made in assessing any claims made.
- claims handling purposes where information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters, surveyors, and investigators. In certain instances, we may require to be provided with further medical information from any doctor, hospital, clinic, laboratory or any related medical practitioner and healthcare providers.
- for research or statistical purposes, including to analyse how people use our websites, view our products, respond to our advertising and to improve our understanding of what customers need.
- for training purposes, to improve our services and their delivery, for example by recording telephone calls.
- to communicate with you about your quotation, product or service, including improvements we make to the ways you can access your information
- to prevent, detect suppress and/or prosecute fraud where we may at any time share information about you with other organisations, regulatory and public bodies (if applicable overseas), undertake credit searches and additional fraud searches, check and/or file your details with fraud prevention agencies and databases (such as the Malta Insurance Fraud Platform).
- third party suppliers or service providers to conduct certain business operations as per our outsourcing agreements.

If you give us information, including sensitive information, about other individuals, you confirm that they have given you their permission to provide their personal information to GasamMamo Insurance and for GasamMamo Insurance to process their personal information and also that you have told the individuals who we are and how we use their data, as set out in our Privacy Policy.

We will retain personal information for as long as it is necessary to fulfil the above mentioned purposes for which it was collected and for a period of time permitted by law in order to comply with our legal obligations and requirements.

You have the right to request access to the personal information we hold about you. In certain instances, you may withdraw your consent to our processing of your personal information or request that we restrict the processing of your information or erase your information. However, we may continue to process your personal information if we have a legitimate interest or a legal obligation to do so. To exercise these and other rights mentioned in GasamMamo's Privacy Policy, you may contact us by email on [insurance@gasammamo.com](mailto:insurance@gasammamo.com) or by post to The Data Protection Officer, GasamMamo Insurance Limited, Head Office, Msida Road, Gzira, Malta. We will take all reasonable steps to confirm your identity before providing you with details of any personal information we may hold about you.

If you are not satisfied with the way GasamMamo processes your personal data, you can contact us as indicated above. If, after making a complaint to us, you are still unsatisfied you have the right to refer the matter to the Office of the Information and Data Protection Commissioner, Floor 2, Airways House, High Street, Sliema SLM 1549, Malta or via email on [idpc.info@idpc.org.mt](mailto:idpc.info@idpc.org.mt).

We recommend you read our full Privacy Policy for a better understanding of how we process data by visiting: <https://www.gasammamo.com/company/legal/privacy-policy/>.

We may amend this notice from time to time for example, to keep it up to date or to comply with legal requirements.

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Privacy Policy.

## DECLARATION

I confirm that I have read and understood the contents and accept all the terms laid down in this claim form. I hereby declare that to the best of my knowledge all the information I have provided to GasamMamo Insurance Limited is true and correct.

Full name in block letters:

Signature of policyholder:

Date: